



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

BELSM  
8-1

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Newks Eatery</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/27/23</b>	ID# <b>2015</b>
Establishment address <b>1279 N. Emerson Ave</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date
Owner		Summary of Violations:  C <u>1</u> NC <u>8</u> R	
Owner address	Menu Type (See back of page)	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler <b>No serrape</b>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
177	NC		There are personal items stored with dry food items on the shelf in the kitchen	8/5
411	NC		light is out by the oven hood in the kitchen	↓
347	NC		paper towel is out at one of the hand sink by three-bay sink	
431	NC		ⓐ kitchen area floors, walk-in cooler & freezer needs cleaning ⓑ floor drain at register area is soiled ⓒ floor drain at mechanical dish washer is soiled.	
297	NC		Soda nozzle is soiled	↓
274	C		Sanitizer at three bay sink is insufficient	
174	NC		unmarked containers at oven area by small chest coolers.	
346	NC		no soap seen at hand sink at register area	8/5
399	NC		small phos observed at the kitchen NOTE: ⓐ please clean kitchen area & small coolers by register area.	↓

Received by (name and title printed): <b>Katie White</b>	Inspected by (name and title printed): <b>Paul Beticu EHS</b>
Received by (signature): <b>Katie White</b>	Inspected by (signature): <b>Paul Beticu</b>
cc:	cc:



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*Beltrac  
8-1*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Our Table</i> Establishment address <i>5080 SR 135 Bargersville</i> Owner  Owner address  Person in charge  Responsible person's email  Certified food handler 	Telephone Number ( ) Establishment ( ) Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection <i>07/27/23</i> Follow-up <i>-</i> Release Date  Summary of Violations:  C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/> Menu Type (See back of page) 1 ____ 2 ____ 3 <input checked="" type="checkbox"/> 4 ____ 5 ____	ID# <i>2501</i>
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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>no violation during inspection</i>	

Received by (name and title printed): <i>Doc Miller</i>	Inspected by (name and title printed): <i>Paul Beltrac #2501</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Best  
7/11*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Papa Johns Pizza</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/6/23</b>	ID# <b>595</b>
Establishment address <b>597 Banta St. Franklin</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>7/16/23</b>
Owner <b>IN</b>		Summary of Violations:  <b>C 0 NC 0 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>  </u> 2 <b>X</b> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Responsible person's email			
Certified food handler <b>x Aminisa Pollard</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>"NO VIOLATIONS"</i>	

Received by (name and title printed): <b>x Aminisa Pollard</b>	Inspected by (name and title printed): <b>Terry D. Bayless</b>
Received by (signature): <b>x Aminisa Pollard</b>	Inspected by (signature): <b>Terry D. Bayless</b>
cc:	cc:



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Betsy  
7/7

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Papa John's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/5/23</b>	ID# <b>2141</b>
Establishment address <b>334 Emerson Ave Greenwood</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>7/15/23</b>
Owner		Summary of Violations:  C <u>1</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Responsible person's email			
Certified food handler			

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Section #	C/NC	R	Narrative	To Be Corrected by
187	C		Cold holding foods @ 46°F - meats thrown away during inspection	7/5/23
431	NC		Drains soiled under 3 bay sink + prep sink	7/15/23
NOTES			Keep cooler doors closed <u>ALWAYS</u> to hold temp.	

Received by (name and title printed): <b>X Cassie Waldon</b>	Inspected by (name and title printed): <b>Jaycie Miller</b>
Received by (signature): <b>X Cassie Waldon</b>	Inspected by (signature): <b>Jaycie Miller EHA</b>
cc:	cc: <b>3173464369</b>



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*Betty  
7/24*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. ✓

Establishment name <i>Pilot Travel Center</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/24/23</i>	ID# <i>1536</i>
Establishment address <i>4982 N 350 E Whiteland</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date
Owner		Summary of Violations:  <i>C 1 NC 0 R 1</i>	
Owner address	Menu Type (See back of page)  <i>1 2 3✓ 4 5</i>	Responsible person's email	
Person in charge		Certified food handler	

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>294</i>	<i>C</i>	<i>✓</i>	<i>chemical sanitizer is insufficient at 3-bay sink</i>	<i>corrected</i>

Received by (name and title printed): <i>Mark Smith</i>	Inspected by (name and title printed): <i>Raul Betiku EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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*Beky  
7/21*

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Establishment name <i>Pizza Hut.</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7-20-23</i>	ID# <i>2184</i>
Establishment address <i>1022 S US 31 Greenwood.</i>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>7-30-23</i>
Owner	Summary of Violations:  <i>C 0 NC 4 R</i>	Menu Type (See back of page)	
Owner address		1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Danita Povey (exp. 6/2/28)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>Observed many green &amp; silver shelving units/trucks soiled.</i>	
<i>430</i>	<i>NC</i>		<i>Floor tiles by back exterior door are damaged.</i>	
<i>431</i>	<i>NC</i>		<i>Walk-in freezer floor is worn.</i>	
<i>431</i>	<i>NC</i>		<i>Floor under fryer is soiled.</i>	
<i>218</i>	<i>NC</i>		<i>Floor inside walk-in cooler is soiled.</i>	
			<i>Single door, reach in freezer door basket is worn/split.</i>	
			<i>Walk-in cooler door basket is worn/split.</i>	
			<i>Note: Observed a hole behind restroom door.</i>	
			<i>NOTE: Continue to detail clean.</i>	

Received by (name and title printed): <i>GREG MICKELSON MGR</i>	Inspected by (name and title printed): <i>Cassi Hall Sidney King</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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7/11/23

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Establishment name <b>Pizza Hut</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7-7-23</b>	ID# <b>2185</b>
Establishment address <b>4800 Smith Valley Rd Greenwood IN 46142</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>Yes</b>	Release Date <b>7-17-23</b>
Owner		Summary of Violations:  <b>C 1 NC 7 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 3 4 5</b>	
Person in charge <b>Ashley Fligelman (serv safe)</b>			
Responsible person's email <b>Exp:</b>			
Certified food handler <b>Faith McLaughlin 5/18/24</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
303	C		Mechanical dish machine not sanitizing after cleaning	Corrected I
295	NC		① Walk-in-cooler green shelving soiled ② Exterior of refrigerator next to deep fryers are soiled ③ Green shelving storing pizza boxes are soiled ④ Exterior top of mechanical dish unit is soiled ⑤ Interior bottom of deep fryers are soiled	7-10-23 I
431	NC		Floors, walls, ceilings soiled throughout firm	7-11-23 I
218	NC		① Mechanical dish unit door rubs the door frame table (on dirty side) ② Left bottom large pizza cooler door rubs the top metal table and rubs the middle bottom	7-20-23 I

Received by (name and title printed): <b>Ashley Fligelman</b>	Inspected by (name and title printed): <b>Andrew Miller, EHS</b>
Received by (signature): <b>A. Fligelman</b>	Inspected by (signature): <b>Andrew Miller</b>
cc:	cc:

**NARRATIVE REPORT**

Greenwood  
IN 46142

Establishment Name		Address		Inspection Date
Pizza Hut		4800 Smith Valley Rd		7-7-23
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			door when closing	7-20-23
			(3) Beverage Air one door refrigerator leaks from bottom right hinge	
430	NC		(1) HVAC cover, near mechanical dish unit, is peeling paint	7-21-23
			(2) North exterior gutter leaks where the square gutter downspout melts the round gutter downspout	
324	NC		Mop sink faucet contains a y-valve downstream from the atmospheric vacuum breaker. The y-valve contains a hose extending to a wall mounted chemical dispenser.	8-7-23
430	NC		(1) Walk-in-cooler mounted ceiling bulbs contain covers (aka domes) that contain pooled water	7-17-23
			(2) Walk-in-cooler ceiling light cover is loose, near refrigerator	
			(3) White pvc pipe, with conduit and two other lines inside the walk-in-cooler, contained liquid condensate	
			(4) Liquid condensate was noted on electrical conduit near walk-in-cooler door	
			(5) Liquid condensate was noted at two ceiling joints inside the walk-in-cooler	
204	NC		Liquid condensate was noted on top a pan of hand tossed pizza dough and one box of <sup>AM</sup> Parmesan Cheese inside the walk-in-cooler	7-7-23
Received By (Name & Title)			Inspected By (Name & Title)	
X <i>[Signature]</i>			Andrew Meller, EHS	





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*Prxcm  
7/10*

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Establishment name <i>Greenwood/Pizza King</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/5/23</i>	ID# <i>2668</i>
Establishment address <i>520 N St. Rd. 135 Greenwood, IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>7/15/23</i>
Owner		Summary of Violations:  C <u>0</u> NC <u>2</u> R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 <u>X</u> 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>X Daya Singh</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
<i>295</i>	<i>NC</i>		<i>walk-in cooler fan guard is soiled</i>	<i>7/10/23</i>
<i>324</i>	<i>NC</i>		<i>no hot water at the men's room hand sink</i>	

Received by (name and title printed): <i>X DAYA SINGH</i>	Inspected by (name and title printed): <i>Terry Bayless</i>
Received by (signature): <i>X [Signature]</i>	Inspected by (signature): <i>Amy D. Bumgarner</i>
cc:	cc:



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Betsy  
7/12

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Establishment name <b>Qdoba</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/11/23</b>	ID# <b>2693</b>
Establishment address <b>704 S SR 135 Greenwood 46142</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date
Owner		Summary of Violations:  C <b>0</b> NC <b>2</b> R <b>0</b>	
Owner address	Menu Type (See back of page)  1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	Person in charge	
Responsible person's email		Certified food handler <b>Brock Brown exp. 8/12/27</b>	

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Section #	C/NC	R	Narrative	To Be Corrected by
431	MC		① floors in facility is soiled ② prep sink area & floor by grill is soiled.	7/18
430	MC		missing grout by prep sink area.	!
NOTE: ① soda nozzles cleaning is better. ② please work on getting trash out by back door exit ③ I recommend rotating staff during the day for cleaning ④ Food temperature is okay ⑤ make sure sanitizer test strip is visible & making sure food thermometer is easily accessible corrected.				

Received by (name and title printed): <b>RHEA HARDWICK</b>	Inspected by (name and title printed): <b>Paul Betiku EHS</b>
Received by (signature): <i>Rhea Hardwick</i>	Inspected by (signature): <i>Paul Betiku</i>
cc:	cc:



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Bekm  
7/7

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Establishment name <b>Red Sun</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/6/23</b>	ID# <b>1809</b>
Establishment address <b>3100 Meridian Park Dr Greenwood</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>7/10/23</b>
Owner		Summary of Violations:  <b>C <del>0</del> NC <u>2</u> R <del>0</del></b>	
Owner address	Menu Type (See back of page)  1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___		
Person in charge			
Responsible person's email			
Certified food handler <b>Yonghui Huang Exp: 2024</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
295	NC		Build up on ice machine	7/6/23
450	NC		Individual cooler (coca cola) temp @ 48°F Food at 41°F	7/10/23
			NOTE: - Rinse + wash separately - Keep cooler by grill <u>closed</u>	

Received by (name and title printed): <b>X Mike Huang</b>	Inspected by (name and title printed): <b>Jayce Miller</b>
Received by (signature): <b>X Mike Huang</b>	Inspected by (signature): <b>Jayce Miller</b>
cc:	cc: <b>3173464369</b>



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Buzy  
7/12

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Establishment name <b>RITTER'S FROZEN CUSTARD</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/11/23</b>	ID# <b>2371</b>
Establishment address <b>3219 W County Line Rd 46142</b>	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>-</b>	Release Date/ <b>7/21/23</b>
Owner <b>RITTER'S FROZEN CUSTARD</b>	Summary of Violations:  <b>C <u>0</u> NC <u>5</u> R <u>-</u></b>		
Owner address	Menu Type (See back of page)  <b>1 <u>-</u> 2 <u>X</u> 3 <u>-</u> 4 <u>-</u> 5 <u>-</u></b>		
Person in charge <b>ALLISON STRIEDINGER</b>			
Responsible person's email			
Certified food handler <b>DWANE STAHL Exp. 12/26/27</b>			

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Section #	C/NC	R	Narrative	To Be Corrected by
394	NC		- OBSERVED DUMPSTER LID OPEN	7/12/23
254	NC		- NO THERMOMETER IN REACH-IN FREEZER OR IN CHEST FREEZERS	7/18/23
174	NC		- BULK FOOD ITEMS NOT LABELED	7/12/23
239	NC		- <del>TRAY</del> OBSERVED DAMAGED UTENSILS	7/18/23
291	NC		- DID NOT OBSERVE TEST STRIPS FOR SANITATION	7/18/23
			<b>*NOTE*</b> - NO AIRGAP IN PLUMBING UNDER 3-BAY SINK - MUST BE ADDED IF KITCHEN IS REMODELED - MUST BE ADDED IF BUSINESS IS SOLD	

Received by (name and title printed): <b>X Allison Striedinger</b>	Inspected by (name and title printed): <b>KEVIN R PAULI EHS</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature]</b>
cc:	cc:



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Betsy  
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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Roots 2 Rise</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/5/23</b>	ID# <b>2646</b>
Establishment address <b>916 E Main St Greenwood, IN 46143</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>7/15/23</b>
Owner		Summary of Violations:  C <u>0</u> NC <u>1</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u>2</u> 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
430	NC		Display fridge up front @ 41°F food @ 41°F - 42°F - please repair and lower temp so internal food temp stays below 41°F	7/10/23
			Everything else look great. Huge improvement 😊	

Received by (name and title printed): <b>Elissa McKee</b>	Inspected by (name and title printed): <b>Jayce Miller</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> EHS
cc:	cc: <b>3173464369</b>